For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

DLN: 93493314041630 OMB No. 1545-0047

> Open to Public Inspection

		e 2019 c	l .	ning 01-01-2019 , and ending 12-3	31-2019			
		pplicable:	C Name of organization			D Employe	er identifi	ication number
		change	THE GEORGE W BUSH FOUNDATION			20-4119	9317	
□ Na		-	Doing business as				,,,,	
☐ Init		turn n/terminated						
		n/terminated d return		ail is not delivered to street address) Room/s	uite	E Telephon	e number	
		on pending	2943 SMU BLVD			(214) 20	00-4335	
			City or town, state or province, coun	try, and ZIP or foreign postal code				
			DALLAS, TX 75205			G Gross red	ceipts \$ 8:	1,623,734
			F Name and address of principa	l officer:	H(a)	Is this a group ret	turn for	
			KENNETH HERSH 2943 SMU BOULEVARD			subordinates?		□Yes ☑No
			DALLAS,TX 75205			Are all subordinat included?	es	☐ Yes ☐No
I Tax	x-exer	npt status:	☑ 501(c)(3) □ 501(c)() ◄ (insert no.) \square 4947(a)(1) or \square 527		If "No," attach a l	ist. (see	instructions)
J W	ebsit	e:▶ WW	W.BUSHCENTER.ORG		H(c)	Group exemption	number	>
					L Year of	f formation: 2006	M State	of legal domicile: TX
K Forn	n of or	rganization:	: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation				or regar definience. The
Pa	art I	Sum	mary					
			scribe the organization's mission or					
မ	=	SEE SCHE	DULE O FOR MISSION STATEMENT					
ĕ	-							
e II	-							
Governance				continued its operations or disposed of	more thar	25% of its net a		
	l		•	g body (Part VI, line 1a)		• •	3	20
es es	l		· -	the governing body (Part VI, line 1b)			5	19
¥	l		, ,	endar year 2019 (Part V, line 2a)			6	300
Activities &			•	essary)			7a	150,196
•	l		lated business revenue from Fart				7a 7b	149,196
	-	Net unie	lated business taxable income from	110mi 990-1, mie 99	· · ·	Prior Year	176	Current Year
	R	Contribut	tions and grants (Part VIII, line 1h)		-	75,156,3	347	53,101,538
Ravenue				3,077,974				
ĕΛĕ		-	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li			2,724,8 4,075,6		7,100,816
œ	l		venue (Part VIII, column (A), lines 5	1,298,7		1,074,483		
	l		, , , , , , , , , , , , , , , , , , , ,	st equal Part VIII, column (A), line 12)		83,255,5		64,354,811
	_		nd similar amounts paid (Part IX, co			1,854,9	966	1,217,610
			paid to or for members (Part IX, co	, ,,			0	0
S	l	·	· · · ·	nefits (Part IX, column (A), lines 5-10)		13,151,6	553	12,965,668
ıse		-	, , , , ,	nn (A), line 11e)		60,0	_	60,000
Expenses	ь	Total fundr	raising expenses (Part IX, column (D), I	ine 25) ▶7,141,727		<u>_</u>		<u> </u>
ವ	17	Other exp	penses (Part IX, column (A), lines 1	11a-11d, 11f-24e)		30,273,8	347	26,580,634
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)		45,340,4	166	40,823,912
	19	Revenue	less expenses. Subtract line 18 fro	om line 12		37,915,1	125	23,530,899
es &					Begi	nning of Current Y	ear	End of Year
Net Assets or Fund Balances		T-4-1	ata (Dart V. Jim - 4.6)		<u> </u>	450 350 5		406 700 357
Ass 1Be	l		ets (Part X, line 16)			450,358,5		496,789,257
ĕĕ	l		ilities (Part X, line 26) . . . ts or fund balances. Subtract line 2		-	2,888,9 447,469,5	_	2,773,955 494,015,302
			ature Block			447,409,3	,65	494,015,302
	rt II r pena			ned this return, including accompanying	a schedule	es and statements	s. and to	the best of my
knowl	edge	and belie		Declaration of preparer (other than off				
any k	nowle	edge.						
		*****	*			2020-11-09		
Sign		Signatu	ure of officer			Date		
Here	;		S COSSIBOOM VP FINANCE & TREASUR	RER				
		 	r print name and title					
_	_	P	rint/Type preparer's name		Date 2020-11-09		PTIN P00241120)
Paic		-	iirm's name. • DEM US LLD			self-employed		
Prep		ا ا	Firm's name RSM US LLP			Firm's EIN ► 42-	0/14325	
Use	On	ly F	irm's address ▶ 201 FIRST ST SE SUITE	800		Phone no. (319) 2	298-5333	
			CEDAR RAPIDS, IA 524	401				
May t	he IR	S discuss	this return with the preparer show	vn above? (see instructions)			✓ Y	es 🗆 No

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:				
SEE S	SCHEDULE O FOR MISS	SION STATEMENT.				
2	Did the organization	undertake any significa	ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Scl	nedule O.			
3	Did the organization	cease conducting, or n	nake significant	changes in how it condu	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedu	le O.			
4					argest program services, as mea f grants and allocations to others	
		ue, if any, for each pro			grants and anocations to others,	, trie total
)
4a	(Code:					
	See Additional Data					
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$	3,077,974)
	See Additional Data					
4c	(Code:) (Eyponoos d		including grants of t) (Payanya A)
40	(Code:) (Expenses \$		including grants of \$) (Revenue \$,
4d	Other program service	ces (Describe in Sched	ule O)			
Tu		•	•	*) (Revenue \$	1
	(Expenses \$	inc	luding grants of	>) (Revenue \$,

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part \$\frac{1}{2}\$	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	122	Vac	
b	Schedule D, Parts XI and XII	12a 12b	Yes	No
13	If the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

21

Yes

orm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

138

0

1c

Yes

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44.		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 20		Yes	No_
14	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	4		No	
5	5		No	
6	6		No	
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14	Yes	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	Yes	
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.61		
6-	<u> </u>	16b		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
-/	AL , AR , CA , FL , GA , HI , IL , KS , KY , I , MS , NC , NH , NJ , NM , NY , OR , PA , R WI , WV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶BRIAN S COSSIBOOM 2943 SMU BOULEVARD DALLAS, TX 75205 (214) 200-4300			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi	year.		•						, ,		-	n's ta	Κ
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) Co) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) Reportable compensation from the organization organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organizations organizations organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	related		
	See Additional Data Table												
													—
													—

Form 990 (2019) Page 8											Page 8			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	hours per than one box, unless person com week (list is both an officer and a any hours director/trustee) org							Rep comp fro orga	(D) (E) portable Report pensation compens om the from re anization organiza			(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	`	2/1099- ISC)	(W-2/1099- MISC)		organizati relati organiza	ed
See	Additional Data Table													
												\top		
												\top		
												+		
												\top		
												\top		
												+		
1b Sub-Total										287,731				
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bov	e) who	rece	eived mo	ore than \$1	00,000			
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey e •	mpl	oyee,	or hic	ghest co	mpensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									ition or ind	ividual for	5	res	No
	ction B. Independent Contract													
1	Complete this table for your five high from the organization. Report comper											npen	sation	
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C Compen	
	ADE LLC									EVENT SUP	PORT SERVICES			708,470
DALL	MCKINNEY AVE FLOOR 7 AS, TX 75201													
	IAIRE INTERNATIONAL									CATERING :	SERVICES			665,448
DALL	303 ELMBROOK DRIVE ALLAS, TX 75247													
	RO RESEARCH LLC RIO GRANDE									RESEARCH SERVICES	AND EVALUATION			446,231
SALT	LAKE CITY, UT 84101 HERN BOTANICAL									LANDSCAPI	NG SERVICES			420,260
	DX 678128									EANDSCALL	NO SERVICES			420,200
DALL	AS, TX 75267 IELD & WALSH INC									COMMUNIC	ATION/FUNDRAISIN	G		413,250
601 5	WASHINGTON ST									SERVICES	,			,
	ANDRIA, NV 22314 Total number of independent contractor	s (including but	not lim	ited t	o th	ose	listed	abov	/e) who i	 received m	ore than \$100,00	0 of		
	ompensation from the organization 🕨 :								-		· ·		Form 99 6	n (2019)
													1 UIIII 7 7	- (∠∪⊥⊃)

		(2019)	- f F	201100110						Page 9
Part	VIII				respo	onse or note to anv	line in this Part VIII			🗆
		Check ii Schee	i di C	o contains a	70000	inse or note to unit	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1:	a Federated campa	igns	s	1 a		l	revenue		312 - 314
Grants Amounts		b Membership dues	5.	. [1 b					
60 m		c Fundraising even	ts .	[1c	2,360,165				
Gifts, nilar A		d Related organiza	tions	5	1 d					
 E::		e Government grants	(con	tributions)	1e					
tributions, Gifts, Grants Other Similar Amounts	1	f All other contributio and similar amounts above	ns, g s not	gifts, grants, included	1f	50,741,373				
Contributions, and Other Sim	!	g Noncash contributio lines 1a - 1f:\$	ns in	icluded in	1 g	6,819,666				
Cont and		h Total. Add lines :	1a-1	f		•	53,101,538			
						Business Code				
	2 a	MUSEUM TICKET SAL	ES.			900099	1,541,977	1,541,977		
Program Service Revenue	b	ECONOMIC GROWTH	INIT	IATIVE		900099	1,040,588	1,040,588		
ce Re	c	ENGAGE EVENTS				900099	435,306	435,306		
Servi	d	OVAL OFFICE PHOTO:	S			900099	60,103	60,103		
ogram	e	•								
Ĕ		All								
		All other program				2 077 074				
	_	Total. Add lines 2 Investment income				3,077,974 nterest, and other	1			
	5	similar amounts) .	•			•	4,167,619	9		4,167,619
		Income from invest Royalties					 			
	3	Royaldes	Ċ	(i) Rea		(ii) Personal				
	_		_				1			
		Gross rents Less: rental	6a	7	01,125	5	_			
	D	expenses	6b	1	22,193	3				
	С	Rental income or (loss)	6c	5	78,932	,				
	c	Net rental income				I		2		578,932
				(i) Securi	ties	(ii) Other				
	7 a	7a Gross amount from sales of assets other than inventory			82,297	,				
	b	Less: cost or other basis and sales expenses	7b	17,0	49,100					
	С	Gain or (loss)	7c	2,9	33,197	,				
		d Net gain or (loss)	•				2,933,19	7		2,933,197
Other Revenue	8 a	Gross income from fu (not including \$ contributions reported	2 d on	,360,165 of line 1c).						
}ev.		See Part IV, line 18			8a	97,630				
er f		Less: direct expen Net income or (los			8b	i i		0		-97,630
oth		(01	-,							,
	9a	Gross income from See Part IV, line 19		ing activities.	9a					
		Less: direct expen			9b					
	C	: Net income or (los	s) fr	rom gaming a	activiti	ies	1			
	10	a Gross sales of inver returns and allowa			10a					
	Ŀ	Less: cost of good	s so	ld	10 b					
	C	Net income or (los Miscellaneo			invent I					
	11	Miscellaneo LaPARKING	us K	.evenue		Business Code 90009	9 315,159	9	2,139	313,020
	Ŀ	RESTAURANT & C.	ATEI	RING		72232	0 162,76.	1	148,057	14,704
	c	GIFT SHOP COMM	ISS	IONS		45322	0 113,61	5		113,615
		All other revenue					1,64	6		1,646
		Total. Add lines 1				>				_,-,-
	12	2 Total revenue. S	ee ir	nstructions .		🛌	593,18			
							64,354,81	1 3,077,974	150,196	8,025,103 Form 990 (2019)

Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must		_		
	Check if Schedule O contains a response or note to a	ny line in this Part IX			<u>.</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	979,311	979,311		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	238,299	238,299		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. $$				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,861,275	616,786	855,153	389,336
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,385,499	4,555,098	1,795,092	2,035,309
8	Pension plan accruals and contributions (include section 401 (k) and 403 (b) employer contributions)	551,624	262,135	155,227	134,262
9	Other employee benefits	1,496,829	807,156	353,618	336,055
10	Payroll taxes	670,441	348,880	163,751	157,810
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal	4,225		4,225	
c	Accounting	126,360		126,360	
c	lLobbying				
e	Professional fundraising services. See Part IV, line 17	60,000			60,000
f	Investment management fees	136,125	122,141	13,984	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,274,327	3,788,122	240,522	245,683
12	Advertising and promotion	212,883	206,504	3,364	3,015
13	Office expenses	1,055,548	315,860	78,178	661,510
14	Information technology	481,466	274,735	123,169	83,562
15	Royalties				
16	Occupancy	1,508,538	929,804	259,976	318,758
17	Travel	1,938,835	1,808,751	67,460	62,624
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	3,551,049	2,855,249	227,999	467,801
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,625,702	7,654,121	2,895,423	2,076,158
23	Insurance	89,566	60,233	15,899	13,434
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.) a BAD DEBT EXPENSE	299,912	299,912		
		·	· ·		
	b MISCELLANEOUS	243,274	94,126	52,738	96,410
	C UNRELATED BUS INC TAX	32,824		32,824	
	d e All other expenses				
	Total functional expenses. Add lines 1 through 24e	40,823,912	26,217,223	7,464,962	7,141,727
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	13/325/322		,,,,,,,,,,	.,,
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

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12

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16

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21

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25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 17,949,904

11,516,974

58,795,905

109,533

1,007,770

157,707,196

199,568,287

17,386,021

32,747,667

496,789,257

2,773,955

2.773.955

299,411,710

194,603,592

494,015,302

496,789,257

Form 990 (2019)

(B) End of year

Page **11**

Notes and loans receivable, net . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Inventories for sale or use . . Prepaid expenses and deferred charges .

1	Cash-non-interest-bearing													_
2	Savings and temporary cash	in۱	/esti	men	ts	_	_	_		_	_	_	_	

Pledges and grants receivable, net . .

Check if Schedule O contains a response or note to any line in this Part IX

Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee,

10a

10b

key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

239,740,067

82,032,871

Beginning of year

9,479,148

1,963,685

58,804,200

242,763

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6 7 8 810,481 9 170,040,986 10c 153,363,251 11 22,770,341 12 13

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31

32

33

32,883,667

450,358,522

2,888,957

2.888.957

280,125,806

167,343,759

447,469,565

450,358,522

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a

3h

Nο

Form 990 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 20-4119317

Name: THE GEORGE W BUSH FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

THE GEORGE W. BUSH INSTITUTE DEVELOPS LEADERS, ADVANCES POLICY AND TAKES ACTION TO SOLVE TODAY'S MOST PRESSING CHALLENGES. DOMESTICALLY, THE INSTITUTE FOCUSES ON ECONOMIC GROWTH, EDUCATION REFORM, ENSURING VETERANS AND THEIR FAMILIES MAKE SUCCESSFUL TRANSITIONS TO CIVILIAN LIFE AND DEVELOPING A NEW GENERATION OF LEADERS FOCUSED ON SOLVING SOCIETY'S MOST CHALLENGING ISSUES. GLOBALLY, THE INSTITUTE FOCUSES ON SAVING WOMEN'S LIVES FROM CERVICAL CANCER IN SUB-SAHARAN AFRICA; EXTENDING FREEDOM AND DEMOCRACY AROUND THE WORLD; AND PROMOTING EDUCATION, HEALTHCARE AND ECONOMIC OPPORTUNITY FOR WOMEN AROUND THE WORLD. ADDITIONALLY, PUBLIC PROGRAMMING AND PUBLICATIONS PROMOTE A GREATER

UNDERSTANDING OF THE AMERICAN PRESIDENCY AND ENGAGES THE PUBLIC IN THOUGHT PROVOKING WAYS.

THE GEORGE W. BUSH PRESIDENTIAL CENTER IS HOME TO THE GEORGE W. BUSH PRESIDENTIAL LIBRARY AND MUSEUM AND THE GEORGE W. BUSH INSTITUTE. SINCE OPENING, 1,765,820 PEOPLE HAD VISITED THE MUSEUM, INCLUDING TWO TEMPORARY EXHIBITS IN 2019: "PRESIDENTIAL RETREATS: AWAY FROM THE WHITE HOUSE" HIGHLIGHTED FOUR RETREATS IN DEPTH REVEALING HOW U.S. PRESIDENTS USED THESE SPECIAL PLACES FOR WORK. REJUVINATION. AND REST AND "HOLIDAY IN THE

Form 990, Part III, Line 4b:

NATIONAL PARKS" THAT RECREATED THE 2007 CHRISTMAS AT THE WHITE HOUSE

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
KENNETH A HERSH PRESIDENT & CEO/DIRECTOR	40.00	Х		х				535,360	0	20,819
HOLLY A KUZMICH SENIOR VICE PRESIDENT/EXEC DIRECTOR	40.00			х				328,592	0	29,070
MICHAEL T MCMAHAN VP DEVELOPMENT	40.00				х			282,264	0	38,266
BRIAN S COSSIBOOM	40.00			х				289,362	0	27,594

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212,945

207,235

208,280

212,753

184,673

197,040

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0

0

23,878

29,562

26,614

16,434

34,531

15,236

MICHAEL I MCMAHAN
VP DEVELOPMENT
BRIAN S COSSIBOOM
VP FINANCE & OPERATIONS/TREASURER
GUY H KERR

......

SECRETARY/GENERAL COUNSEL

DIRECTOR, EDUCATION REFORM

......

DIRECTOR, ECONOMIC GROWTH

DIRECTOR, MILITARY SERVICE

ANNE E WICKS

HANNAH S ABNEY

VP EXTERNAL AFFAIRS

MATTHEW M ROONEY

WILLIAM P MCKENZIE

DIRECTOR, EDITORIAL

MATTHEW F AMIDON

and Independent Contractors

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours				(14, 2,4,000	(14) 2 (4 000	organization and				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
LINDSEY L KNUTSON DIRECTOR, LEADERSHIP PROGRAMS	40.00					х		173,976	0	25,727	
DONALD L EVANS CHAIRMAN/DIRECTOR	5.00	Х		x				0	0	0	
MARK LANGDALE DIRECTOR	3.00	Х						0	0	0	
LAURA W BUSH DIRECTOR	3.00	Х						0	0	0	

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JEANNE L PHILLIPS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

RAY L HUNT

DIRECTOR

HENRY HAGER

HARLAN CROW

DAVID B MILLER

R GERALD TURNER

.......

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

PAMELA PATSLEY

MICHAEL E MEECE

THEODORE W ULLYOT

.......

DIRECTOR

DIRECTOR

DIRECTOR

PETER PACE

DIRECTOR

DIRECTOR

JON HAMMES

	any hours					ustee)		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
WILLIAM M HICKEY DIRECTOR	3.00	Х						0	0	0	
CAREN H PROTHRO DIRECTOR	3.00	Х						0	0	0	
LARRY D THOMPSON	3.00	.,									

CAREN H PROTHRO	3.00	x			0	
DIRECTOR		Λ.				Ĭ
LARRY D THOMPSON	3.00	X			0	0
DIRECTOR						
NOON W JOHNSON	3.00	×			0	0
DIRECTOR					,	

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DIRECTOR							l
LARRY D THOMPSON	3.00	v			0	0	
DIRECTOR		^			Į	0	
JOHN W JOHNSON	3.00	_			0	0	
DIRECTOR		^			, and the second	0	
JOEL KAPLAN	3.00	_			0	0	
DIRECTOR		^			١	U	l

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and Independent Contractors (A)

BARBARA BARRETT

DIRECTOR (UNTIL 10/2019)

Name and Title

	week (list any hours for related organization below dotte line)

(B)

Average

.00 ... Χ

than one box, unless person is both an officer and a director/trustee) employee

(C)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Institutiona

Position (do not check more

(D) Reportable compensation from the organization (W-2/1099-MISC)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

Estimated

amount of other

compensation

from the

organization and

related organizations

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN						DLN: 9	93493314041630				
SCI	HED	ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe Attach to Form	· a section	2019					
		the Treasury	► Go to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	he organiza W BUSH FOUN					Employer identific	ation number			
IIIL O	LONGE						20-4119317				
	rt I		for Public Charity State a private foundation because				See instructions.				
1	n garnz		onvention of churches, or as	•	•		(A)(i)				
2		•	school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3			or a cooperative hospital serv		,						
4		·	•	_			-	atar tha baanitalla			
7	Ш	name, city,	esearch organization operat and state:	ed in conjunction with	a nospital descri	ibed in Section .	170(D)(1)(A)(III). E	iter the hospital's			
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7	✓		ation that normally receives 'O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in			
8			ty trust described in sectior	•	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. S					ege or university or a			
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a				
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar							
c		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its			
d		Type III n	on-functionally integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization receiver Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter				-		<u> </u>				
g			ing information about the su	· · · · · · · · ·	т'						
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			Yes No		No						
			<u> </u>								
Tota			tion Act Notice, see the I		Cat. No. 11285		Schedule A (Form 9				

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.)

s	ection A. Public Support								
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	:019	(f) Total	
	Gifts, grants, contributions, and								
	membership fees received. (Do not include any "unusual grant.")	33,932,508	25,348,633	59,683,591	75,156,347	53	3,101,538	247,222,617	
	Tax revenues levied for the								
	organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities							_	
	furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	33,932,508	25,348,633	59,683,591	75,156,347	53	3,101,538	247,222,617	
5	The portion of total contributions by								
	each person (other than a governmental unit or publicly								
	supported organization) included on							17,367,870	
	line 1 that exceeds 2% of the amount shown on line 11, column								
	(f)								
6	Public support. Subtract line 5 from line 4.							229,854,747	
S	ection B. Total Support	'	1	'	1				
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total	
7	(or fiscal year beginning in) ► Amounts from line 4.	33,932,508	25,348,633	59,683,591	75,156,347	53	3,101,538	247,222,617	
8	Gross income from interest,	, ,	, ,	, ,	, ,			, ,	
	dividends, payments received on securities loans, rents, royalties	1,645,466	2,264,121	3,029,648	3,548,287	4,868,744		15,356,266	
	and income from similar sources	1,043,400	2,204,121	3,029,048	3,346,267			13,330,200	
9	Net income from unrelated business activities, whether or not								
	the business is regularly carried on	124,613	168,877	210,578	154,341		0	658,409	
10	 Other income. Do not include gain								
10	or loss from the sale of capital	1,004,417	949,091	1,041,393	720,609		593,181	4,308,691	
	assets (Explain in Part VI.).								
11	Total support. Add lines 7 through 10							267,545,983	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	•	5,020,144	
13	First five years. If the Form 990 is f	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orgai	nization,	
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.}\ \boldsymbol{.}\ \boldsymbol{.}$						▶ 🗆		
	ection C. Computation of Publi		-						
	Public support percentage for 2019 (li					14		85.910 %	
	Public support percentage for 2018 So					15		81.680 %	
16 a	33 1/3% support test—2019. If the								
b	and stop here. The organization qual 33 1/3% support test—2018. If the							. ▶ ☑ this	
	box and stop here. The organization	_						. 🗀	
17a	10%-facts-and-circumstances tes	t-2019. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line	14		
	is 10% or more, and if the organization Part VI how the organization meets								
	-			-		,		►□	
organization								• 🗀	
_	15 is 10% or more, and if the organi	zation meets the "	facts-and-circumst	ances" test, check	this box and sto p	here.			
	Explain in Part VI how the organization			-		•	′	. □	
10	supported organization	ion did not check a			7h check this box	 and see		▶□	
TR	instructions		, box on line 15, 16	,a, 100, 1/a, 01 1	, b, check this box	and See		►□	

Р	art III Support Schedule for									
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)									
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)					
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.").									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
•	organization's benefit and either paid									
_	to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
L	3 received from disqualified persons Amounts included on lines 2 and 3									
D	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line 13 for the year.									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6.)									
Se	ection B. Total Support		1				Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
15	Public support percentage for 2019 (lin		•			15				
16	Public support percentage from 2018 S	-	<u> </u>			16				
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17				
17 10	Investment income percentage for 201	-		-		17				
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not			
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
ט	not more than 33 1/3%, check this box	-			•					
20	Private foundation. If the organization	-	-							
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON TIME 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖			

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
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Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

ciie	ddie A (Form 990 of 990-22) 2019			age :		
Pai	Tt IV Supporting Organizations (continued)					
			Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a				
b	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c				
	ection B. Type I Supporting Organizations					
	solon Britype Leapporting enganizations		Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.					
	Did the supprise time and the bounds of any supprised arrangement of the theory of a constant arrangement of the	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting					
	organization.	2				
S	ection C. Type II Supporting Organizations					
	second Type 11 supporting organizations		Yes	No		
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of					
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
Se	ection D. All Type III Supporting Organizations					
			Yes	No		
L	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing					
	documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
,	D					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):				
ā	The organization satisfied the Activities Test. Complete line 2 below.					
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.					
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	1	Yes	No		
á	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.	20				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
i	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h				

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require				
6	Other distributions (describe in Part VI). See instruction				
7	7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			sive (provide		
9 Distributable amount for 2019 from Section C, line 6					
10	10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pro 2010				(iii) Distributable	

other distributions (describe in Fare 42). See mistractions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
	Underdistributions	Distributable	

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

chedule A	Chedule A (Form 990 or 990-EZ) 2019 Page 8				
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).				
		Facts And Circumstances Test			
90 Sche	dule A, Supplemer	Ital Information			
Re	Return Reference Explanation				
	A, PART II, LINE 10,	PARKING RESTAURANT CATERING COMMISSIONS GIFT SHOP COMMISSIONS MISCELLANEOUS SPECIAL			

INCOME:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

▶Go to www.irs.gov/Form990 for instructions and the latest information.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493314041630

Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** THE GEORGE W BUSH FOUNDATION 20-4119317 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Form 5768 (election under section 501(h)). For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on
	501(c)(6).			
_			_	Yes N
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."			
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a	Current year	2a 2b		
b	•			
c	Total	2c 3		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
Pa	Irt IV Supplemental Information			
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); I ructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II	-A, lines	1 and 2 (see
.,,50	Return Reference Explanation			
СНЕ	EDULE C, PART II-A: THE ORGANIZATION HAD A 501(H) ELECTION IN PLACE BUT DID NOT INCUR	ANY L	OBBYING	G EXPENSES
	DURING THE YEAR.	-		

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493314041630

OMB No. 1545-0047

2019

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	me of the organization		Employer identification number
IHE	EGEORGE W BUSH FOUNDATION		20-4119317
Ρā	rt I Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered "Yo	(a) Donor advised funds	(b) Funds and other accounts
-	Total number at end of year	1	(b) ramas and other accounts
<u>.</u>	Aggregate value of contributions to (during year)	6,876	
	Aggregate value of grants from (during year)	904,722	
Ļ	Aggregate value at end of year	25,723,082	
;	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		
•	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any other purpose of	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	es" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the orga	anization (check all that apply).	
	Preservation of land for public use (e.g., recreation	on or education)	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histor	ric structure included in (a)	2c
d	Number of conservation easements included in (c) acquestructure listed in the National Register	uired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferr tax year ▶	ed, released, extinguished, or terminated by t	he organization during the:
ŀ	Number of states where property subject to conservati	on easement is located >	
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations, Yes No
,	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	
,	Amount of expenses incurred in monitoring, inspecting \$ \\$, handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the	e footnote to the organization's financial state	nse statement, and
aı	the organization's accounting for conservation easement III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Your If the organization elected, as permitted under SFAS 1	· · · · · · · · · · · · · · · · · · ·	toment and balance sheet works of
.a	art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	r public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items:		
((i) Revenue included on Form 990, Part VIII, line 1		▶\$
(ii)Assets included in Form 990, Part X		▶\$ 928,001
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	ical treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
b	Assets included in Form 990, Part X		

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Sche	edule D (Form 990) 2019						Page 2
Par	t IIII Organizations Maint	taining Collections of	Art, Histori	cal Treas	ures, or Othe	r Similar Assets	(continued)
3	Using the organization's acquisit items (check all that apply):	ion, accession, and other r	ecords, check	any of the f	following that are	a significant use of	its collection
а	✓ Public exhibition		d	☐ Loa	n or exchange pr	ograms	
b	Scholarly research		е	☐ Oth	er		
c	Preservation for future ge	nerations					
4	Provide a description of the orga Part XIII.	anization's collections and e	explain how the	y further tl	ne organization's	exempt purpose in	
5	During the year, did the organizassets to be sold to raise funds in						Yes ☑ No
Pai	rt IV Escrow and Custodi Complete if the organ X, line 21.	ial Arrangements. iization answered "Yes"	on Form 990	, Part IV,	line 9, or repor	ted an amount o	n Form 990, Part
1a	Is the organization an agent, truincluded on Form 990, Part X? .						Yes 🗌 No
b	If "Yes," explain the arrangemen	nt in Part XIII and complet	e the following	table:		Amou	
c	Beginning balance	'	-		1c	Amou	
d	Additions during the year				1		
е	Distributions during the year						
f	Ending balance				1 46		
2a	Did the organization include an a				<u> </u>	liability?	Yes 🗆 No
	_						res 🗀 No
	art V Endowment Funds.	TO THE PAIR ATT. CHECK HEIE	п ине ехріанац	on has bee	ii provided iii Par	· Ш	_
		ization answered "Yes"	on Form 990	, Part IV,	line 10.		
		(a) Current		rior year	(c) Two years bac		
1 a	Beginning of year balance	124,2	05,350	112,268,530	72,523,9	17 61,051,9	40 51,118,787
b	Contributions	<u> </u>	85,643	19,092,859	32,137,4		
	Net investment earnings, gains, a	110 103303	28,933	-3,269,627	10,224,8	05 3,476,1	93 -380,613
d	Grants or scholarships						
	Other expenditures for facilities and programs	4,6	89,604	3,886,412	2,617,5	95 2,272,0	
f	Administrative expenses						253,059
g	End of year balance	199,5	30,322	124,205,350	112,268,5	72,523,9	17 61,051,940
2	Provide the estimated percentag	ge of the current year end	palance (line 1	g, column (a)) held as:		
а	Board designated or quasi-endo	wment ► 56.130 %					
b	Permanent endowment ► 43	3.870 %					
c	Temporarily restricted endowme	ent ► 0 %					
	The percentages on lines 2a, 2b	•					
3a	Are there endowment funds not organization by:	·	ganization tha	are held a	nd administered	for the	Yes No
	(i) unrelated organizations .						3a(i) No
b	(ii) related organizations If "Yes" on 3a(ii), are the related			dulo P2			3a(ii) No 3b
ս 4	Describe in Part XIII the intende						30
	rt VI Land, Buildings, and						
_		ization answered "Yes"	on Form 990	, Part IV,	line 11a. See F	orm 990, Part X,	line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other				(d) Book value
		(investment)					
1 a	Land						
b	Buildings			149,251,48	3	25,591,384	123,660,099
С	Leasehold improvements			30,548,51	0	1,937,377	28,611,133

59,012,073

928,001

4,507,963

157,707,196

928,001

54,504,110

Part VII	Investments—Other Securities.	Dart IV Ea	e 11h Soc Form 000	Part V line 12
	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	Part X, line 12. d of valuation: -year market value
	Il derivatives			
(3)Other	neid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990	Part IV lin	e 11c See Form 990	Part X line 13
	(a) Description of investment	, raiciv, iii	(b) Book value	(c) Method of valuation:
				Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	e 11d. See Form 990, Pa	rt X, line 15.
(1)GROUND	(a) Description LEASE, NET OF AMORTIZATION			(b) Book value 32,747,667
(2)	·			, ,
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)			32,747,667
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	e 11e or 11f.See Form	990, Part X, line 25.
1.	(a) Description of liabi			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)	oto to the	Application to financial to	monto that was it - th
	or uncertain tax positions. In Part XIII, provide the text of the footr 's liability for uncertain tax positions under FIN 48 (ASC 740). Chec			

2

а

b

d

b

C

Part XII

5

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2019

Page 4

23,014,840

64,138,598

216,213

64,354,811

40,607,701

40,607,701

Part

Schedule D (Form 990) 2019

е Subtract line 2e from line 1 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 136,125

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Investment expenses not included on Form 990, Part VIII, line 7b . Add lines **4a** and **4b**

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Supplemental Information

Add lines **4a** and **4b**

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . .

Prior year adjustments

Subtract line 2e from line 1

Other losses

Add lines 2a through 2d .

Other (Describe in Part XIII.) . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Donated services and use of facilities

Other (Describe in Part XIII.)

4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

80,088 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

23,014,840

136,125 80,086 4c 216,211 5 40.823.912

2e

3

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
Return Reference	Explanation	
'aa Additiaaal Data Tabla		

edule D (Form 990) 2019 Page 5	
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 20-4119317

WORKS OF ART ARE HELD OR DISPLAYED IN VARIOUS SPACES OF THE GEORGE W. BUSH PRESIDENTIAL

Name: THE GEORGE W BUSH FOUNDATION

PART III, LINE 4:

Return Reference

Explanation

Supplemental Information

CENTER

Supplemental Information			
Return Reference	Explanation		
PART V, LINE 4:	THE FOUNDATION'S ENDOWMENT WAS STARTED IN 2014 AND CONSISTS OF INDIVIDUAL ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. ENDOWMENT DISTRIBUTI		
	ONS ARE INTENDED TO SUPPORT GENERAL OPERATING EXPENSES AND OTHER DESIGNATED PURPOSES AS DIRECTED BY THE BOARD OR BY DONORS.		

Cupplemental Information

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVE NUE CODE (IRC), AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), AND DETERMINED NOT TO B E A PRIVATE FOUNDATION UNDER SECTIONS 509(A) OF THE IRC. AS SUCH, CONTRIBUTIONS TO THE FOU NDATION QUALIFY FOR DEDUCTION AS CHARITABLE CONTRIBUTIONS; HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE FOUNDATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTIO N 511. AT DECEMBER 31, 2019 AND 2018, UNRELATED BUSINESS INCOME TAX LIABILITY AND EXPENSE WERE IMMATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION FOLLOWS GUIDANCE THAT ESTABLIS HED CRITERION THAT AN INDIVIDUAL TAX POSITION MUST MEET FOR SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS STANDARD PROVIDE S THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL S TATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SO LELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. NO TAX ACCRUAL FOR UNCERTAIN TAX POSITIONS WAS RECORDED AS M ANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS FOR THE FOUNDATION.

Supplemental Information	
Return Reference	Explanation
	UNCOLLECTIBLE CONTRIBUTIONS NETTED WITH REVENUE ON FINANCIAL STATEMENTS 299,911. FUNDRAISING EXPENSES -97,630. RENT EXPENSE -122,193.

S

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	UNCOLLECTIBLE CONTRIBUTIONS NETTED WITH REVENUE ON FINANCIAL STATEMENTS 299,910. FUNDRAISING EXPENSES -97,631. RENT EXPENSE -122,193.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493314041630 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE GEORGE W BUSH FOUNDATION 20-4119317 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 4.717.000 3a Sub-total . b Total from continuation sheets to Part I . . . 4,717,000 c Totals (add lines 3a and 3b)

	uplicated if addit	(c) Number of		(a) Mannay of az -!-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	Пло
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	☑ No

Schedule F	(Form 990) 2019	Page 5
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, lin amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information	method); Part III (accounting
	Return Reference	Explanation
PART III A	ACCOUNTING METHOD:	

Additional Data

EUROPE (INCLUDING ICELAND

& GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM

Software ID: Software Version:

EIN: 20-4119317

Name: THE GEORGE W BUSH FOUNDATION

2,157,000

Form 990	Schedule F	Dart T - A	ctivities (Juteide '	The Unite	d States
IFORIII 990	, Scheaule F	Part I - A	cuviues (Juisiae	The Unite	u states

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		2,560,000

0 INVESTMENTS

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

DLN: 93493314041630 OMB No. 1545-0047

Open to Public

Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

ame of the organization					Employe	r iden	itification number
HE GEORGE W BUSH FOUNDATION					20-41193	17	
Part I Fundraising Activities Form 990-EZ filers are	•	_		answered "Yes" on Fo	rm 990, Part IV, I	ine 1	7.
Indicate whether the organizati	ion raised funds th	rough an	y of the fo	ollowing activities. Check	all that apply.		
a 🗹 Mail solicitations			е	Solicitation of non-	government grants		
b Internet and email solicitati	ions		f	Solicitation of gove	ernment grants		
c Phone solicitations			g	✓ Special fundraising	events		
d 🔽 In-person solicitations							
 Did the organization have a wri or key employees listed in Forn If "Yes," list the 10 highest paid 	n 990, Part VII) or d individuals or en	entity in tities (fun	connectio	n with professional fundr	aising services?		s 🗆 No · is
to be compensated at least \$5,	.000 by the organi	zation.					
i) Name and address of individual or entity (fundraiser)			ser have ody or crol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
	DIRECT MAIL	Yes	No				
WARFIELD AND WALSH INC 601 S WASHINGTON STREET	JIRECT MAIL		No	1,008,422	60	,000	948,422
ALEXANDRIA, VA 22314							
						+	
otal			.▶	1,008,422	60	,000	948,422

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK,

	dule G (Form 990 or 990-EZ) 2019 rt II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$		gross income on Form	990-EZ, lines 1 and (6b. List events with
	<u> </u>	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		BCA LUNCH (event type)	(event type)	(total number)	col. (c))
Revenue					
	1 Gross receipts	1,784,463	575,702		2,360,165
	2 Less: Contributions	1,784,463	575,702		2,360,165
	3 Gross income (line 1 minus line 2)	2,701,103	3,3,,62		2,550,255
	4 Cash prizes				_
Direct Expenses	5 Noncash prizes				
	6 Rent/facility costs	11,097	20,516		31,613
찞	7 Food and beverages	31,334	24,511		55,845
t e	8 Entertainment				
ā	9 Other direct expenses	10,172			10,172
	10 Direct expense summary. Add lines 4	. ,			97,630
Day	11 Net income summary. Subtract line 10t III Gaming. Complete if the org			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-97,630
	on Form 990-EZ, line 6a.	amzation answered Te	3 011101111 990, Fait 1	v, line 19, or reported	Timore chan \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
8					
န္	1 Gross revenue				
žų.	1 Gross revenue				
xpens;					
ed Expense	2 Cash prizes				
Direct Expense	2 Cash prizes				
Direct Expense	2 Cash prizes	☐ Yes %	☐ Yes %	☐ Yes %	
Direct Expense	2 Cash prizes	☐ Yes % No	☐ Yes % % No	☐ Yes % ☐ No	
Direct Expens	2 Cash prizes	No	□ No	□ No ►	
Direct Expense	2 Cash prizes	No	□ No	□ No ►	
d b G Direct Expense	2 Cash prizes	through 5 in column (d) t line 7 from line 1, colum ion conducts gaming activities in each of	No	No	☐ Yes ☐ No
9 a	2 Cash prizes	through 5 in column (d) t line 7 from line 1, colum ion conducts gaming activities in each of	No n (d)	No	
9 a	2 Cash prizes	through 5 in column (d) t line 7 from line 1, column con conducts gaming activities in each of	No n (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493314041630

Open to Public Inspection

lame of the organization	TON					Employer identific	cation number	
THE GEORGE W BUSH FOUNDAT.						20-4119317		
Part I General Inform	ation on Grants	and Assistance						
Does the organization mai the selection criteria used					for the grants or assistanc	e, and	✓ Yes	□ No
2 Describe in Part IV the org	•		_					
Part II Grants and Other that received more	Assistance to Don than \$5,000. Part II	nestic Organizations a can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipi	ent
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistance	grant
1) See Additional Data								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
								29

(Form 990)

Department of the

Treasury

(6)

(7)

Schedule I (Form 990) 2019

(5)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

PART I, LINE 2: THE FOUNDATION, THROUGH ITS LAURA BUSH FOUNDATION FOR AMERICA'S LIBRARIES FUND (LBF FUND), PROVIDED GRANTS TO SCHOOLS ACROSS THE UNITED

STATES FOR USE IN FUNDING THEIR SCHOOL LIBRARIES. BUSH INSTITUTE PROGRAM DIRECTORS PROVIDE OVERSIGHT FOR THE USE OF GRANT FUNDS AND MONITORING THE LBF FUND.

Page 2

Additional Data

ALEXANDER HENDERSON

ELEMENTARY SCHOOL RFD 1 KINGSHILL ST CROIX, VI 00850

ELEMENTARY PUBLIC SCHOOL 73 ESTATE CONCORDIA FREDERIKSTED, VI 00840 ALFREDO ANDREWS

Software ID: **Software Version:**

66-0431678

66-0431678

EIN: 20-4119317

55,000

73,801

Name: THE GEORGE W BUSH FOUNDATION

(h) Purpose of grant

or assistance

LIBRARY BOOKS

LIBRARY BOOKS

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance			

Form 900 Schodula I. Bart II. Grants and Other Assistance to Demostic Organizations and Demostic Governments

501(C)(3)

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ARTHUR A RICHARDS JUNIOR 66-0431678 501(C)(3) 66.313 LIBRARY BOOKS HIGH SCHOOL 20-21 ESTATE STONEY

LIBRARY BOOKS

74.996

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

GROUND

ROAD 908 KM 22 HUMANCAO, PR 00791

FREDERIKSTED, VI 00840

COLEGIO SAN ANTONIO ABAD

66-0254993

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 66-0254993 501(C)(3) 29.318 LIBRARY BOOKS COLEGIO SAN ANTONIO DE PADUA CALLE ARZUAGA ESO CAPUCHINOS BOX

SCHOLARSHIPS

28.363

501(C)(3)

21350 SAN JUAN, PR 00928 COMMUNITIES FOUNDATION 75-0964565 OF TEXAS

5500 CARUTH HAVEN DALLAS, TX 75225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 66-0433481 501(C)(3) 9.100 LIBRARY BOOKS DANIEL VELEZ SOTO ELEMENTARY SCHOOL URB VILLA SERAL CARR 111

KM 2 LARES, PR 00669 501(C)(3) 49,416 DR MANUEL DE LA PILA 66-0433481 IGLESIAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LIBRARY BOOKS ROAD PONCE TO GUAYANILLA RAMAL 2572 CHRISTIANSTED, VI 00732

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) ELENA L CHRISTIAN JR HIGH 66-0431678 501(C)(3) 47.073 LIBRARY BOOKS SCHOOL

64-64D 65-65D LA GRANDE PRINCESSE CHRISTIANSTED, VI 00820					
ESCUELA FEDERICO DEGETAU	66-0433481	501(C)(3)	18,029		LIBRARY BOOKS

SANTANA

ARECIBO, PR 00612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) ESCUELA NUEVA QUEBRADA 66-0548755 501(C)(3) 19.993 LIBRARY BOOKS ARENAS

RR 06 PO BOX 6900 QUEBRADA ARENAS TOA ALTA, PR 00953					
ESCUELA SUPERIOR LINO PADRON RIVERA	66-0433481	501(C)(3)	13,757		LIBRARY BOOKS

CALLE TULIO OTERO VEGA BAJA, PR 00693

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 66-0560141 501(C)(3) 10.163 LIBRARY BOOKS ESCUELA SUPERIOR OCUPACIONAL Y TECBICA DE

YAUCO PO BOX 3069 YAUCO, PR 00698					
ESPECIALIZADA LIBRE DE	66-0433481	501(C)(3)	5,948		LIBRARY BOOKS

PO BOX 250 BAJADERO ARECIBO, PR 00616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CIII ALTE D DT\/EDA 66-0421679 E01/C)/3) 62 170 LIBRARY BOOKS

BUS REIMBURSEMENTS

ELEMENTARY SCHOOL ROUTE 1 GROVE PLACE	00-0431078	501(C)(3)	03,179		LIBRART BO
FREDERIKSTED, VI 00840					

11.550

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

IRVING ISD

2621 W AIRPORT FWY IRVING.TX 75062

75-6001854

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 66-0431678 501(C)(3) 64.461 LIBARY BOOKS JOHN H WOODSON JR HIGH SCHOOL RR 1 KINGSHILL CHRISTIANSTED, VI 77050 52-0595110 501(C)(3) 20.000 RESEARCH JOHNS HOPKINS CENTRAL LOCKBOX C/O BANK OF AMERICA

12529 COLLECTIONS CENTER

CHICAGO, IL 60693

DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LEW MUCKLE ELEMENTARY 66-0431678 501(C)(3) 49.702 LIBRARY BOOKS PO BOX 26182

CHRISTIANSTED, VI 00824

MARIA VAZQUEZ DE 66-0433481 501(C)(3) 10,350

LIBRARY BOOKS

UMPIERRE
CARR 167 BO BUENA VISTA
VAN SCOY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BAYAMON, PR 00957

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 66-0431678 501(C)(3) 55.002 LIBRARY BOOKS PEARL B LARSEN ELEMENTARY SCHOOL 7 ESTATE ST PETERS CHRISTIANSTED, VI 00820

LIBRARY BOOKS

9.703

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ROMAN COLON CORREA

CARRETERA 154 KM40 COAMO, PR 00769 66-0433481

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CH NICOLAC DODDICHEZ 66 0422401 E01(C)(2) 11161 LITERABY BOOKS

URBANIZACION SAN VICENTE

VEGA BAJA, PR 00693

CARRETERERA 568 INT 159 BARRIO PADILLA COROZAL, PR 00783	00-0433461	501(C)(3)	14,104		LIBRART BUOKS
SAN VICENTE	66-0433481	501(C)(3)	19,014		LIBRARY BOOKS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) ST CROIX CAREER TECHNICAL 66-0431678 501(C)(3) 8,717 LIBRARY BOOKS

RR 1 BOX 10360 KINGHILL ST CROIX, VI 00850

AND EDUCATION CENTER PO BOX 1218 KINGHILL ST CROIX, VI 00851					
ST CROIX EDUCATIONAL COMPLEX HIGH SCHOOL (SCEC)	66-0431678	501(C)(3)	25,000		LIBRARY BOOKS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 66-0433481 501(C)(3) 43.071 LIBRARY BOOKS SU MACANA GLORIA M BORRERO OLIVERA

PO BOX 560447 GUAYANILLA, PR 00565 66-0433481 501(C)(3) 10.001 LUTBRARY BOOKS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VISITACION PAGAN- APONTE CARR155 KM 341 BO GATO

OROCOVIS, PR 00720

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 86-0431578 501(C)(3) 59.925 YVONNE E MILLINER BOWSKY LIBRARY BOOKS ELEMENTARY SCHOOL 1834 KONGENS GADE

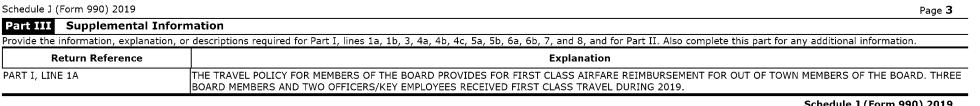
CHARLOTTE AMALIE, VI 00802

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Sch	edule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(For	n 990)	For certain Office		rustees, Key Employees, and Hig	hest			
		► Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20)
D			▶ Attach	to Form 990. instructions and the latest inforr		Openi		
•	tment of the Treasury al Revenue Service	P do to <u>www.ns.gov</u>	7 <u>71 01111990</u> 101	mistructions and the latest mion	nation.		ectio	
	ne of the organiza GEORGE W BUSH F				Employer identifica	tion nu	ımber	
					20-4119317			
Pa	rt I Questi	ons Regarding Compensat	ion				I	
1 a	Check the appro	opiate box(es) if the organization	provided any of	the following to or for a person liste	d on Form		Yes	No
	990, Part VII, S	ection A, line 1a. Complete Part I	II to provide an	y relevant information regarding the	se items.			
		or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments	님	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	Teur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	1-3	2	Yes	
	directors, truste	es, officers, including the CEO/E	Recutive Director	r, regarding the items checked on Lir	ie la?			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.			
	☐ Compens	ation committee	П	Written employment contract				
		ent compensation consultant Written employment contract Compensation survey or study						
		of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b		· · ·		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Part	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	1?				5a		No
b		anization?				5b		No
6	,	•	ι Λ line 1a did i	the organization pay or accrue any				
		ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.			_			
7				the organization provide any nonfixe rt III		7		No
8				red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de	escribe			
						8		No
9	If "Yes" on line	3, did the organization also follow	v the rebuttable	presumption procedure described in	Regulations section			110
-				· · · · · · · · · · · · · · · · · · ·		9		
For F	Paperwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019

Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								



(i)

(ii)

(i)

(ii)

(i)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(i)

(ii)

(i)

1KENNETH A HERSH

1HOLLY A KUZMICH

2MICHAEL T MCMAHAN

3BRIAN S COSSIBOOM

SECRETARY/GENERAL

DIRECTOR, EDUCATION

VP DEVELOPMENT

VP FINANCE & OPERATIONS/TREASURER

4GUY H KERR

5ANNE E WICKS

6HANNAH S ABNEY

VP EXTERNAL AFFAIRS

7MATTHEW M ROONEY

DIRECTOR, ECONOMIC

8WILLIAM P MCKENZIE

DIRECTOR, EDITORIAL

9MATTHEW F AMIDON

DIRECTOR, MILITARY

10LINDSEY L KNUTSON

DIRECTOR, LEADERSHIP

COUNSEL

REFORM

GROWTH

SERVICE

PROGRAMS

PRESIDENT/EXEC DIRECTOR

PRESIDENT & CEO/DIRECTOR

SENIOR VICE

Software Version:

535,360

293,733

198,609

249,666

203,050

188,699

188,137

194,480

167,862

179,868

163,299

EIN: 20-4119317 Name: THE GEORGE W BUSH FOUNDATION

compensation

19,742

19,521

16,256

18,092

14,393

14,651

14,132

14,362

12,590

12,724

3,804

(E) Total of columns

(B)(i)-(D)

556,179

357,662

320,530

316,956

236,823

236,797

234,894

229,187

219,204

212,276

199,703

1,077

9,549

22,010

9,502

9,485

14,911

12,482

2,072

21,941

2,512

21,923

(F) Compensation in

column (B) reported as deferred on

prior Form 990

Form 990, Schedule J, I	Part II - Officers, Directors, Trustees, Key Employees, and F	lighest Compensate	d Employees	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	

Software ID:

compensation

rm 990, Schedule J, I	Part II - Officers, Di	rectors, Trustees, Ke	ey Employees, and F	ngnest compensate	a Employees	
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	(C) Retirement and	(D) Nontaxable	Τ	
	(i) Base Compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	

34,859

83,655

39,696

9,895

18,536

20,143

18,273

16,811

17,172

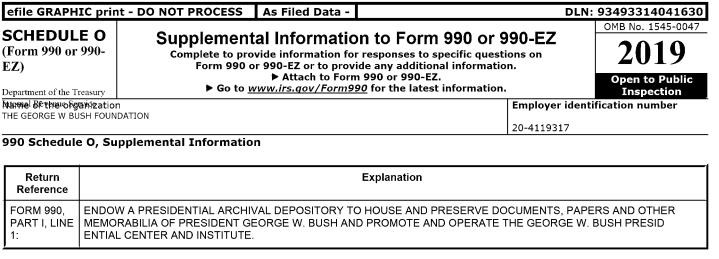
10,677

DLN: 93493314041630 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE GEORGE W BUSH FOUNDATION 20-4119317 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 6,706,564 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ See Additional Data 26 Other ▶ (______) Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2				
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.				
Return Reference	Explanation				
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.				
PART I, LINE 32B:	THE FOUNDATION'S BROKERAGE FIRM IS AUTHORIZED TO SELL DONATED SECURITIES ON ITS BEHALF.				
	Schedule M (Form 990) (2019)				

Additional Data

		Software ID:			
		Software Version:			
		EIN: 2	0-4119317		
	Name: THE GEORGE W BUSH FOUNDATION				
Part I, Lines 25-28					
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
Other ▶ (HOTEL ROOMS)	X	3	55,500	соѕт	
Other ▶ (FLIGHTS)	X	1	30,489	COST	
Other ► (GOLF BAGS)	X	1	13,598	COST	
Other ▶ (BEVERAGES/SNACKS)	X	2	7,500	COST	
Other ► (LABOR/MATERIALS FOR FURNITURE/DECOR WORK)	X	2	3,580	COST	
Other ► (FLOWERS)	X	1	2,435	COST	



Return Reference	Explanation
FORM 990, PART III, LINE 1:	THE FOLLOWING ARE THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED: (I) TO ENDOW A PRES IDENTIAL ARCHIVAL DEPOSITORY, AS DEFINED BY SECTION 2101(1) OF TITLE 44 OF THE UNITED STAT ES CODE ANNOTATED, IN AN AMOUNT REQUIRED BY SUBSECTION (G) OF SECTION 2112 OF TITLE 44 OF THE UNITED STATES CODE ANNOTATED, TO HOUSE AND PRESERVE AT THE GEORGE W. BUSH PRESIDENTIAL LIBRARY AND MUSEUM THE BOOKS, DOCUMENTS, PAPERS, PICTURES, PHOTOGRAPHS, AND OTHER MEMORAB ILIA OF PRESIDENT GEORGE W. BUSH, AS WELL AS OTHER OBJECTS OR MATERIALS RELATED TO THE PAPERS OR EVENTS OF THE OFFICIAL OR PERSONAL LIFE OF PRESIDENT BUSH THAT HAVE HISTORICAL OR COMMEMORATIVE VALUE, AND TO UNDERTAKE AND SUPPORT RESEARCH AND EDUCATIONAL ACTIVITIES ON POLICY AND HISTORICAL ISSUES RELATED TO THE LIFE AND WORK OF PRESIDENT BUSH THEREBY PROMOTIN GSUCH LIBRARY AND MUSEUM. (II) TO MAINTAIN A FUND OR FUNDS OF REAL OR PERSONAL PROPERTY, OR BOTH, AND (SUBJECT TO THE RESTRICTIONS AND LIMITATIONS HEREINAFTER SET FORTH) TO EXPEND OR DISTRIBUTE THE WHOLE OR ANY PART OF THE INCOME OR PRINCIPAL THEREOF EXCLUSIVELY FOR THE PROMOTION OR OPERATION OF THE GEORGE W. BUSH PRESIDENTIAL LIBRARY AND MUSEUM AND THE GEORGE W. BUSH INSTITUTE WHOSE ACTIVITIES PROMOTE THE LIBRARY AND MUSEUM. (III) TO PROMOTE LIBRARIES. (IV) TO PERFORM ANY OTHER RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL ACTIVITIES THAT PROMOTE THE FOREGOING PURPOSES. THE CORPORATION PLEDGES ALL OF ITS AS SETS FOR USE IN PERFORMING THESE PURPOSES.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS SHALL CREATE AN EXECUTIVE COMMITTEE OF THE BOARD CONSISTING OF THE CHAIR OF THE BOARD OF DIRECTORS, THE PRESIDENT OF SMU, THE PRESIDENT OF THE FOUNDATION, AN D TWO OTHER MEMBERS OF THE BOARD OF DIRECTORS. A QUORUM FOR THIS EXECUTIVE COMMITTEE FOR D ECISIONS SHALL REQUIRE THE CHAIR OF THE BOARD OF DIRECTORS, THE PRESIDENT OF SMU AND ONE O THER MEMBER OF THE BOARD OF DIRECTORS SERVING ON THE EXECUTIVE COMMITTEE. THE EXECUTIVE CO MMITTEE SHALL HAVE THE AUTHORITY TO ACT ON BEHALF OF THE CORPORATION IN BETWEEN REGULAR ME ETINGS OF THE BOARD OF DIRECTORS. EXCEPT TO THE EXTENT AUTHORITIES OF THE BOARD OF DIRECTO RS ARE DELEGATED TO THE EXECUTIVE COMMITTEE BY A DULY PASSED RESOLUTION OF THE BOARD OF DIRECTORS, THE BOARD OF DIRECTORS MUST VALIDATE THE ACTIONS OF THE EXECUTIVE COMMITTEE AT IT S NEXT REGULAR OR SPECIAL MEETING. ANY SUCH ACTION REQUIRING VALIDATION WHICH IS NOT SO VA LIDATED WILL NOT BE LEGALLY BINDING ON THE CORPORATION. THE CHAIR OF THE BOARD OF DIRECTOR S SHALL ACT AS CHAIR OF THE EXECUTIVE COMMITTEE. ALL DECISIONS OF THE EXECUTIVE COMMITTEE SHALL BE BY A MAJORITY VOTE OF THOSE PRESENT.

Return Explanation

FORM 990, - DR. R. GERALD TURNER, LAURA W. BUSH, RAY L. HUNT AND JEANNE L. PHILLIPS: BUSINESS RELATI ONSHIP - JEANNE L. PHILLIPS AND RAY L. HUNT: BUSINESS RELATIONSHIP - DR. R. GERALD TURNER SECTION A, AND RAY L. HUNT: BUSINESS RELATIONSHIP - LAURA BUSH AND HENRY HAGER: FAMILY RELATIONSHIP LINE 2

Return Reference	Explanation
FORM 990,	THE ORGANIZATION HIRES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND REVIEW THE ORGANIZATI
DADTIA	CANO FORM COO DA CER ON INFORMATION PROVIDER BY THE CROANIZATIONIC ACCOUNTING CTAFE A CORV

PART VI. ON'S FORM 990 BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S ACCOUNTING STAFF. A COPY SECTION B. OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, SECRETARY, CHIEF FINANCIAL O LINE 11B FFICER, AND LEGAL COUNSEL FOR INITIAL REVIEW, A COPY OF THE FORM 990 IS THEN PROVIDED TO A LL BOARD MEMBERS FOR A FINAL REVIEW PRIOR TO BEING FILED WITH THE INTERNAL REVENUE SERVICE AND CERTAIN STATE REPORTING AGENCIES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, EACH DIRECTOR, PRINCIPA L OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UN DERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTIO N MUST ENGAGE PRIMARILY IN ACTIVITIES, WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURP OSES. IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILUR E TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGAT ION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEM BER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPRO PRIATE DISCIPLINARY AND CORRECTIVE ACTION.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION FOR THE PRESIDENT AND CEO IS APPROVED BY THE BOARD OF DIRECTORS DURING TH E EXECUTIVE SESSION OF BOARD MEETINGS. A MANAGEMENT CONSULTING FIRM PROVIDES MARKET COMPEN SATION DATA TO THE BOARD FOR ITS USE IN MAKING THESE COMPENSATION DECISIONS. THE COMPENSAT ION OF THE OTHER KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT OF THE FOUNDATION. IN ADDITI ON SALARY SURVEYS ARE ROUTINELY COMPLETED BY AN EXTERNAL COMPENSATION CONSULTANT TO ESTABL ISH SALARY RANGES FOR EACH POSITION IN THE ORGANIZATION BASED ON COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS. BOARD DECISIONS REGARDING THE COMPENSATION OF THE CEO ARE COMMUNICATED BY THE CHAIR TO THE TREASURER FOR EXECUTION. THE DOCUMENTATION FOR ALL OTHER COMPENSATION DETERMINATIONS IS RETAINED BY THE HUMAN CAPITAL DEPARTMENT.

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Reference	Explanation
,	THE ORGANIZATION COMPLIES WITH VARIOUS STATE CHARITABLE ORGANIZATION REPORTING REQUIREMENT
,	S BY PROVIDING, WHEN REQUIRED, A COPY OF THE ANNUAL AUDITED FINANCIAL STATEMENTS, GOVERNIN G DOCUMENTS AND THE FORM 990. THE STATES MAKE THE FILED INFORMATION AVAILABLE TO THE PUBLI
,	C. THE AUDITED FINANCIAL STATEMENTS, FORM 990, FORM 1023, CONFLICT OF INTEREST POLICY AND
	FORM 990-T ARE AVAILABLE UPON REQUEST.

Cumlomotion

Return Explanation
Reference

FORM 990, PART IX, LINE 11G

OTHER: PROGRAM SERVICE EXPENSES 3,788,122. MANAGEMENT AND GENERAL EXPENSES 240,522. FUNDRAISING EXPENSES 245,683. TOTAL EXPENSES 4,274,327.